BARTLETT FIRE FIGHTER'S ASSOCIATION
E 911 NUMBERS ORDER FORM

OWNER/OCCUPANT INFORMATION

OWNER'S NAME: _____

OWNER'S ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPANT'S NAME: _____

OCCUPANT'S ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

E 911 NUMBER INFORMATION

CONFIRMED E 911 NUMBER OF RESIDENCE: _____

ROAD NAME: _____

SIGN DETAILS

VERTICAL MOUNTING: _____ HORIZONTAL MOUNTING: _____

ONE SIDED:_____ TWO SIDED: _____

PAYMENT INFORMATION - SIGNS ARE $20.
BARTLETT FIRE FIGHTER'S ASSOCIATION
Box 656 Glen, NH 03838

PAID IN FULL:_____ COD: _____

CASH: _____ CHECK: _____ CHECK NUMBER: _____

SIGN PICK UP DATE: _____

BY WHOM: _____

DISCLAIMER

THE BARTLETT FIRE FIGHTER'S ASSOCIATION IS A 501 c 3 CORPORATION AND NOT AFFILIATED WITH THE TOWN OF BARTLETT, NH.

THE BARTLETT FIRE FIGHTER'S ASSOCIATION, BARTLETT FIRE DEPARTMENT, AND THE TOWN OF BARTLETT, NH ASSUME NO RESPONSIBILITY OR LIABILITY WITH THIS PRODUCT OR IT'S USE, MOUNTING, PLACEMENT, MAINTENANCE, ETC. THE OWNER OF THIS PRODUCT ASSUMES ALL RESPONSIBILITY AND LIABILITY.

I HAVE READ AND UNDERSTAND THIS STATEMENT.

SIGNED: _____ DATE: _____